UNITED STATES DISTRICT COURT

for the

Eastern District of New York

NUR TALANT UULU)		
Plaintiff(s) V. ARTISANS OF MEDICINE-NYC P.C. d/b/a RJ MEDICAL & URGENT CARE, R. JOUDEH MEDICAL PAVILLION PLLC, RAMSEY JOUDEH, and DOES 1-10 Defendant(s)))))))	Civil Action No.	21-cv-5138 EK-SJB

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) SEE ATTACHED RIDER

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Robert L. Lash, Esq. Scott K. Hur, Esq. Hur , Lash & Choe, LLP 600 Sylvan Avenue, Suite 109 Englewood Cliffs, NJ 07632

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/21/2021

DOUGLAS C. PALMER CLERK OF COURT

s/Kimberly Davis

Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (nan	ne of individual and title, if any)					
was re	ceived by me on (date)						
	☐ I personally served	the summons on the individual	at (place)				
			on (date)	; or			
	☐ I left the summons	t the summons at the individual's residence or usual place of abode with (name)					
		, a person of suitable age and discretion who resides there,					
	on (date)	, and mailed a copy to	the individual's last known address; or	lividual's last known address; or			
	☐ I served the summo	ons on (name of individual)	of individual)				
	designated by law to accept service of process on behalf of (name of organization)						
			on (date)	; or			
	☐ I returned the summ	nons unexecuted because		; or			
	☐ Other (specify):						
	My fees are \$	for travel and \$	for services, for a total of \$	0.00			
	I declare under penalty	y of perjury that this information	n is true.				
Date:							
			Server's signature				
			Printed name and title				
			Server's address				

Additional information regarding attempted service, etc:

RIDER TO SUMMONS

(Names and Addresses of Defendants to be Served)

ARTISANS OF MEDICINE-NYC P.C., d/b/a RJ MEDICAL & URGENT CARE 466 Bay Ridge Avenue Brooklyn, New York 11220

R. JOUDEH MEDICAL PAVILION PLLC 466 Bay Ridge Avenue Brooklyn, New York 11220

RAMSEY JOUDEH 466 Bay Ridge Avenue Brooklyn, New York 11220